

2007 NR

DELAWARE INDIVIDUAL
NON-RESIDENT
INCOME TAX RETURN
FORM 200-02

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning _____ and ending _____

Your Social Security No.

Spouse's Social Security No.

(Attach Label Here) **DO NOT COVER SOCIAL SECURITY NUMBERS**

Your Last Name

First Name and Middle Initial

Jr., Sr., III., etc.

Spouse's Last Name

Spouse's First Name

Jr., Sr., III., etc.

Present Home Address (Number and Street)

Apt. #

City

State

Zip Code

FILING STATUS (MUST CHECK ONE)

1. ☐ Single, Divorced, Widow(er)

3. ☐ Married & Filing Separate Forms

2. ☐ Joint

5. ☐ Head of Household

Check if FULL-YEAR
non-resident in 2007 ☐

Form DE2210 Attached ☐

If you were a part-year resident in 2007, give the dates you
resided in Delaware.

From _____ 2007 To _____ 2007
Month Day Month Day

37. DELAWARE ADJUSTED GROSS INCOME (Enter amount from reverse side, Line 30B, Column 1)..... 37 00

38. (a) If you elect the STANDARD DEDUCTION check here..... a. ☐
Filing Statuses 1, 3 & 5 - \$3250 Filing Status 2 - \$6500
(b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36..... b. ☐ 38 00

39. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions)
CHECK BOX(ES)
If SPOUSE was 65 or over ☐ and/or Blind ☐ If YOU were 65 or over ☐ and/or Blind ☐ 39 00

40. TOTAL DEDUCTIONS - Add Lines 38 & 39 and enter here..... 40 00

41. TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount..... 41 00

42. Tax Liability Computation
A Line 30 A 00 Proration Decimal (See instructions, page 10)
B Line 30 B 00 = . x 00 42 00

PERSONAL CREDITS (If Filing Status 3, see instructions on page 11)
43a Enter number of exemptions claimed on Federal return _____ X \$110. = _____
Multiply this amount by the proration decimal on Line 42 (X _____) and enter total here..... 43a 00

43b CHECK BOX(ES) Spouse 60 or Over (if filing status 2) ☐ Self 60 or Over ☐
Enter number of boxes checked on Line 43b _____ X \$110. = _____
Multiply this amount by the proration decimal on Line 42 (X _____) and enter total here..... 43b 00

44. Tax imposed by State of _____ (Must attach copy of DE Sch. I and other state return)
(Part-Year Residents Only. See instructions, page 11)..... 44 00

45. Other Non-Refundable Credits (See instructions, page 11)..... 45 00

46. Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45..... 46 00

47. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero)..... 47 00

48. Delaware Tax Withheld (Attach W-2s/1099s)..... 48 00

49. 2007 Estimated Tax Paid & Payments with Extensions..... 49 00

50. S Corporation Payments (Form 1100S/A-1 Required)..... 50 00

51. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, & 50..... 51 00

52. If Line 47 is greater than Line 51, subtract 51 from 47 and enter here.....AMOUNT YOU OWE > 52 00

53. If Line 51 is greater than Line 47, subtract 47 from 51 and enter here.....OVERPAYMENT > 53 00

54. CONTRIBUTIONS TO SPECIAL FUNDS
A. Non-Game Wildlife 00 F. Organ Donations 00
B. U.S. Olympics 00 G. Diabetes Educ. 00
C. Emergency Housing 00 H. Veteran's Home 00
D. Children's Trust 00 I. DE National Guard 00
E. Breast Cancer Educ. 00 J. Juv. Diabetes Fund 00

TOTAL > 54 00

55. AMOUNT OF LINE 53 TO BE APPLIED TO 2008 ESTIMATED TAX ACCOUNT.....ENTER > 55 00

56. PENALTIES AND INTEREST DUE. If Line 52 is greater than \$400, see estimated tax instructions.....ENTER > 56 00

57. NET BALANCE DUE. Enter the amount due (Line 52 plus Lines 54 and 56) and pay in full.....PAY IN FULL > 57 00

58. NET REFUND. Subtract Lines 54, 55 and 56 from Line 53.....ZERO DUE/TO BE REFUNDED > 58 00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

X
Your Signature _____ Date _____

Signature of Paid Preparer _____ Date _____

X
Spouse's Signature (If filing joint) _____ Date _____

Address-Zip Code _____

Home Phone _____ Business Phone _____

Business Phone _____ EIN, SSN, OR PTIN _____

E-Mail Address _____

E-Mail Address _____

